INITIAL CHARITY REGISTRATION APPLICATION AND INSTRUCTIONS

STATE OF CONNECTICUT

DEPARTMENT OF CONSUMER PROTECTION

TELEPHONE: (860) 713-6170

EMAIL registration questions to: dcp.publiccharity@ct.gov

Office use only

STATE OF CONNECTICUT

INITIAL Charitable Organization Registration Application

All required information must be complete before application will be processed (This is a 3 page document, including instructions)

Do not use this registration application to renew a charitable organization registration

Mail Registration Fee & Application to: Dept. of Consumer Protection

Attn: Public Charities Unit 165 Capitol Avenue Hartford, CT 06106-1630

Registration fee: \$50.00 Make payment payable to: Treasurer, State of Connecticu

Hartfo	rd, CT 06106-1630	Treasurer, State of Connec	cticut			
1. Full legal name of the registering organization	zation:					
Name:						
2. Names, other than the name given above, under which funds will be solicited (attach a sheet if needed).						
3. Email Address:	@	All organizations <u>must</u>]	provide an email address.			
4. Federal ID Number (EIN):						
5. Fiscal year end or the date your fiscal yea	If you do not provide	a date, we will use December 3				
6. Physical Address:	Mailing	Address (If different):				
	In Care o	f:				
City/Town State Z	p Code					
Telephone No.	City/Tow	vn State	Zip Code			
Web-site		ne No.				
7. Where and date of when the organization	was legally established? State	e:D	ate:			
8. Purpose of organization:		(attach a sheet if needed).			
9. What is the organization's IRS Tax Exemp	t Status?(Check only one an	swer):				
\square Exempt status approved. Provide copy of	f IRS Federal Tax Exemption	Letter.				
Indicate, Exempt 501 (c) code	and date of determination	·				
\square Exempt status pending. Provide copy of	the filed IRS form 1023 or 1	024.				
Indicate pending, Exempt 501 (c) code	e and date of applicati	ion				
\square Not exempt. Will you be applying for tax	\mathbf{x} exempt status? \square Yes \square N	0				

	If yes is indicated for any questions 10 throu item as required.	igh 21, then attach	a detailed explanation on a sep	arate sheet and indica	te your answers for each line			
10.	If the organization is not exempt, has it ever applied for exemption? \square Yes \square No							
11.	If the organization is not exempt, has the organization ever been previously exempt? \square Yes \square No							
12.	. Has an IRS tax exemption been refused, changed, revoked or modified? \square Yes \square No . Has there been any change in the organization's tax status with the IRS? \square Yes \square No							
13.								
14.	. Has the organization solicited contributions in Connecticut during any year prior to submission of this application? \square Yes \square No If yes , include a copy of the organization's most recently filed IRS 990, 990 EZ, 990 N or 990 PF and audit if required for such prior year in which the organization solicited in Connecticut, but was not registered.							
15.	Has the organization ever registered as a charity in Connecticut? \square Yes \square No							
	If yes , provide registration number(s)							
16.	. Has the organization whose registration expired in Connecticut, solicited contributions in Connecticut during any year since its registration expired? \square Yes \square No							
	Questions 17 through 21 apply to the organization, any of its officers, directors, board members as well as fundraising staff or employees:							
17 .	. Been enjoined or otherwise prohibited by a government agency/court from soliciting? \square Yes \square No							
18.	. Had a registration denied or revoked? \square Yes \square No							
19.	. Been subject of proceedings regarding any solicitation or registration? \square Yes \square No							
20.	. Entered into a voluntary agreement of compliance with any government agency or in a case before a court or administrative agency? \square Yes \square No							
21.	Have any of the organization's officers	, directors or pri	ncipal executives been conv	icted of a misdemea	nor or felony? \square Yes \square No			
22.	List the name, address & phone number	er of the organiza	ation's Primary financial i n	stitution				
	**Provide the names, title, address (str We hereby certify under penalty of fal that the information provided, in	se statement th	at we are authorized to sig	n this document fo	r the organization and			
Signature & Date			Signature & Date	Signature & Date				
Prin	nt name		Print name					
Title	e		Title					
Add	lress		Address					
Cit	zy/Town State	Zip Code	City/Town	State	Zip Code			
()		_ ()					
Tele	enhone No		Telephone No					

General Instructions

Please type or print all requested information. If the space provided is insufficient please attach a separate sheet and number the response to correspond with each item number.

Any organization that solicits contributions for charitable purposes must register with the Department of Consumer Protection prior to the commencement of solicitation and must remain registered at all times during which it solicits funds in Connecticut.

Exempt organizations can qualify for exemption from registration if the organization meets one of the criteria for exemption as outlined on the Claim of Exemption from Registration form CPC-54. To apply as an exempt organization you will need to complete the Claim of Exemption from Registration form. <u>Do not</u> use this application to apply for exemption from registration.

Non-exempt organizations will be required to file an annual IRS 990, 990EZ, 990N or 990PF and audit (if applicable) following the close of each fiscal year and pay an annual registration fee. Registrations will expire after the last day of the eleventh month following the organization's fiscal year end. If organization has not completed the first fiscal year end, no IRS form is required.

- 1. Full legal name, this is also the name that will appear on your certificate. Do not use a contact name.
- 2. Names, in which funds will be solicited under, other than the name provided on line item one.
- **3. Email address** is required. Office uses this method of contact to notify charities of approvals or deficiencies on pending applications or renewal status.
- 4. Federal ID number (EIN), must be provided. Organization's nine digit identification number assigned by the IRS.
- 5. Fiscal year end or the date your fiscal year will end. Provide the complete date of the fiscal year end your organization has selected and provided to the IRS. If you have not yet completed or obtained a date we will assign a fiscal year of December 31st until further notice. We must have a fiscal year end to determine your charity's registration expiration date. Registrations expire on the last day of the eleventh month after a fiscal year end. Your initial registration period may be less than one year.
- **6. Physical address and mailing address, if different.** You may use a post office box in addition to your charity's physical address. If the charity has representatives filing registrations on their behalf the charity may use the representing company's mailing address but must still provide the physical address of the charity's location.
- **7.** Where and date of when organization was legally established. Indicate state of incorporation or originally established as an organization and date.
- 8. Purpose of organization. Describe the purpose or mission and programs of the organization for which funds are solicited.
- **9. IRS tax exempt status.** Determine which best describes the organization's current IRS tax exemption status, as it applies at the time of completion of this application, by checking the appropriate box **(check only one answer)**.
 - Provide code as granted by the IRS. If the charity has a pending application or will not be applying for a 501 (c) (3) or any 501 (c) charitable status with the IRS, the charity must not misrepresent its non-exempt status. If a charity does solicit before obtaining exempt status, the charity should not misrepresent its tax-deductible status. Information about tax exempt status can be obtained from the IRS by calling 1-800-829-FORM (3676) and ordering Publication 557, "Tax Exempt Status for Your Organization," or on the web at www.irs.gov. We urge you to seek professional advice.

<u>Important:</u> Line number 9: Registration of a public charity with the Department of Consumer Protection <u>does not</u> grant a charitable organization a tax exempt status under any 501 (c) charitable recognition.

- **10. through 21. Answer all questions,** <u>do not leave unanswered if it does not apply. If you answer yes, explain by attaching a separate sheet and indicate your answers for each line item.</u>
- **22. Primary financial institution.** The primary financial institution is where the charity deposits donations and pays permissible expenses. List the name, address and telephone for this line item on the application.
- 23. Signatures, State law requires two signatories. Include name, title, address and telephone numbers.

Important: Registration must be approved by the Department of Consumer Protection prior to solicitation.

Return completed form and attachments with the required registration fee to the address on the front of the application.

Do not include these instructions. Keep instructions for future your reference.